Please	type	a nlu	e einn	(+)	inside	this box	<u>د</u>	
riease	type	a piu	s sign	(+)	mside	uns box	_	+

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	Attorney Docket Number	P1498			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Ouellette, Marc			
PATENT APPLICATION	COMPLETE	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number				
	Filing Date				
Lx Declaration ☐ Declaration Submitted OR Submitted after Initial Courses (Auraham)	al Group Art Unit				
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name				

	As a below named inventor, I he	reby declare that	:						
	My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	SPRAY BOTTLE								
	the specification of which		(Title of the Invention)					
	is attached hereto								
	OR			as United S	States Application I	Number or PCT International			
	was filed on (MM/DD/YYYY)				,				
	Application Number and was amended on (MM/DD/YYYY) (if applicable).								
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
	Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
•					0000				
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
	I hereby claim the benefit under	35 U.S.C. 119(e)	of ar	ny United States provision	onal application(s)	isted below.			
	Application Number(s)	Filin	Filing Date (MM/DD/YYYY)		Additional provisional application				
	60/433,288		12/16/2002		numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign	(+)) inside this hav	
	Ų۳.	I iliside inis box	

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

		==			=			
Direct all correspondence to:	Customer Numb or Bar Code Lat	ber /	28539			OR.		Correspondence address below
Name Richard J. Hicks								
Address P.O.Box 595								
Address								
city Kingston				State	, (N		ZIP K7L 4X1
Country Canada	Tei	lephor	ne 613-5	46-077	1			Fax 613-546-2607
I hereby declare that all statements mare believed to be true; and further the made are punishable by fine or imprisovalidity of the application or any patent	ade herein of my at these stateme onment, or both, issued thereon.	own kr ents we under	nowledge ere made 18 U.S.C.	are true with the 1001 an	and t know d tha	hat all : ledge t t such	stateme hat will willful f	ents made on information and belief ful false statements and the like so alse statements may jeopardize the
NAME OF SOLE OR FIRST IN	VENTOR:			A pet	ition	has b	een fi	led for this unsigned inventor
Given Name (first and middle [if any]) Marc	Given Name							
Inventor's Waw Cuellity Date 23/03								
104-4						anada Intry		Canadian Citizenship
Mailing Address 390, King Street E								
Mailing Address								
City Kingston	State ON			ZIP K	7K :	2Y2		Country Canada
NAME OF SECOND INVENTOR	:			A peti	ion	has be	een fil	ed for this unsigned inventor
Given Name (first and middle [if any])				Family or Surr	Nam	e		and and gried inventor
inventor's Signature					-			
Residence: City			State			 -		Date
Mailing Address			State		1 <u>C</u> 0	untry		Citizenship
Mailing Address						·····		
City	State			ZIP				
Additional inventors are being named	on thesupp	lement	tal Additio	nal Inven	tor(s)	sheet(s) PTO	Country /SB/02A attached hereto.

Please type	a plus sign	(+) inside	this box		+

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Ouellette, Marc	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P1498	

I hereby appoint: X Practitioners at Customer Number 28539 Place Customer Number Par Code	¬
I IX Practitioners at Customer Number 28530	1
I Numper Bar Code	
OR Practitioner(s) named below: Label here	
Name Registration Number Richard J. Hicks 24,665	
2-1,000	
on my/our ottomov/o) or opent/o) to accomple the state of	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
The state of the s	
Places change the correspondence address for the shows identify the life of	
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.	
OR	
Firm or	
Richard J. Hicks	
Address P.O. Box 595	
Address	
City Kingston State ON Zip K7L 4X1	
Country Canada	···
Telephone 613-546-0771 Fax 613-546-2607	
I am the:	
k⊥l Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
SIGNATURE of Applicant or Assignee of Record	
Name Marc Quellette	
Signature Walcut Vielletty	
orginature // /acc career y	
Date () 12/03	
	nultiple